			· · · · · · · · · · · · · · · · · · ·			Page 1 of 2				
DECLARATION			Attorney [	Docket Number	333169.00100					
DESIGN PATE		First Nam	ed Inventor	Ruoxing WAN	G et al.					
(37 C	i3)		COMPLETE IF KNOWN 0/5101							
Declaration Submitted	a	Declaration Submitted after Initial Filing. Surcharge under 37	d Applicatio	n Number	Not yet assign	ed				
with Initial Filing			Filing Date	9	October 5, 200	4				
		CFR 1.16(e) require	d. Art Unit		Not yet assign	ed				
			Examiner	Name	Not yet assign	ed				
AS THE BELOW NAME	D INVE	NTOR, I HEREB	Y DECLARE	THAT:						
My residence, mailing address	s, and citiz	enship are as stated	below next to m	y name.						
I believe I am the original and entitled:	first inven	tor of the subject mat	ter which is clair	med and for which a	patent is sought on th	e invention				
PrLZ REGULATORY I THERAPEUTICS	ELEME	NTS IN THE TR	REATMENT	OF DISEASE	AND THE DISCO	VERY OF				
is attached hereto										
_		<del>-</del> •								
was filed on (MM/DD/YY	YY)		as Un	ited States Applicat	ion Number or PCT Int	ernational				
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have re amended by any amendment s I acknowledge the duty to disc	pecifically lose infor	referred to above. nation which is mate	rial to patentabil	itv as defined in 37	CFR 1.56, including for	or continuation.				
in-part applications, material in PCT international filing date of	the contin	i which became avai <u>iuation-in-part applica</u>	lable between ti ition.	ne filing date of the	prior application and	the national or				
PRIORITY INFORMATION	ON:									
I hereby claim domestic priority	benefits	under 35 USC 119(e)	of any provisio	nal application lister	1 helow					
I hereby claim domestic priori application designating the Uni	ty benefit	s under 35 USC 12				T international				
I hereby claim foreign priority I plant breeder's rights certificate United States of America, list inventor's or plant breeder's rig which priority is claimed.	e, or 365( ed below	<ul> <li>a) of any PCT intern</li> <li>and have also ider</li> </ul>	ational application	on which designated checking the box	d at least one country	other than the				
		iling Date MDD/YYYY)	YYYY) Claimed (for FOREIGN on							
PCT/US03/10536 -	WIPO	7 Apr	il 2003 🗸			NO D				
60/370,557 🔪	U.\$.	<del></del>	il 2002 🗸							
						. 🗆				
additional domestic a	and/or fore	eign application numb	pers are listed on	a supplemental pri	ority data sheet attach	ed hereto.				

## Rec'd PCT/PTO 0.50 CT, 2004

	DECLAR	ATION - UTILITY	OR DESIGN	PATENT A	PPLICA	TION 10	/51014			
CORRESPONDENCE	ADDRES					v.	· · · · · · · · · · · · · · · · · · ·			
Direct all correspondence to	o: 🔀	Customer Number or Bar Code Label	<b>(27160)</b>	or or		72 (0.5.5.*				
Name										
Address										
City				State		Zip				
Country	Country Telephone					Fax				
I hereby declare that all state believed to be true; and fur punishable by fine or imprisapplication or any patent is:	ther that thes sonment, or b	se statements were mad both, under 18 U.S.C. 10	de with the know	vledge that will	iful false st	atements and	the like so made are			
NAME OF SOLE OR	FIRST INV	/ENTOR:	☐ A petit	☐ A petition has been filed for this unsigned inventor						
Given Name (first and midd	Family Na Sumame:	Family Name or WANG Sumame:								
Inventor's Signature:	Date:	10/051	104							
Residence: 3615 Kentford	d Lafre									
City Norcross S	State GA	30092 GA	Country	U.S.A. /	- Citiz	enship Car	nada 🖊			
Mailing Address: Emory	University, C	ept. of Urology, Clinic	: B, Room 5103	3	· • • · · ·					
Street 1365 Clifton R	load NE									
City Atlanta S	State GA		Zip :	30322	Сои	ntry <b>U.S</b>	<b>.A</b> .			
NAME OF SECOND I	NVENTOR	Ł:	☐ A petiti	A petition has been filed for this unsigned inventor						
Biven Name (first and midd	Given Name (first and middle): Leland W. K.			Family Name or Sumame: CHUNG, Ph.D.						
Inventor's Signature:	10/m	9	Date:	10/5/0	74					
Residence: 1136 Clifton	₹бad									
City <u>Atlanta</u> S	State GA	30307 <del>6 A</del> .	Country 1	U.S.A.	Citiz	enship <b>U.S</b>	.A.			
Mailing Address: Emory (	Jniversity, D	ept. of Urology, Clinic	B, Room 5101							
Street 1365 Clifton R	load NE									
City Atlanta S	state GA		Zip (	30322	Coui	ntry U.S	.A.			
NAME OF THIRD INVENTOR:			A petiti	A petition has been filed for this unsigned inventor						
Given Name (first and middle):			Family Nar Surname:	Family Name or Surname:						
Inventor's Signature:			Date:	Date:						
Residence:										
City State			Country	Country Citizenship						
Mailing Address:										
Street										
City State			Zip	Zip Country						
Supplemental	Additional in	nventors(s) Sheets(s) ar	e attached here	to.						